

CLAIM NO.

RE-FILING CLAIM NO.

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph

PLEASE READ THE INSTRUCTIONS AND REMINDER AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND **USE BLACK INK ONLY.**

A. PERSONAL DATA

B. CERTIFICATION

I certify that the information provided in this form are true and correct.

PRINTED NAME SIGNATURE DATE

If member cannot sign, affix fingerprints. Please read Instruction No. 6 of the form.

Below are the witnesses to fingerprinting:

1) _____
 PRINTED NAME SIGNATURE DATE

 ADDRESS & CONTACT NUMBER

2) _____
 PRINTED NAME SIGNATURE DATE

 ADDRESS & CONTACT NUMBER

RIGHT THUMB	RIGHT INDEX
-------------	-------------

PART II - TO BE FILLED OUT BY EMPLOYER

A. EMPLOYER DATA

EMPLOYER ID NUMBER 031926456152										NAME OF EMPLOYER/REGISTERED BUSINESS NAME OPTUM GLOBAL SOLUTIONS (PHILIPPINES), INC.										E-MAIL ADDRESS																													
BUSINESS ADDRESS (NO. & STREET) 1F to 4F SCIENCE HUB TOWER 3, BLK 38 CAMPUS AVE COR. TURIN ST										BUSINESS ADDRESS (BARANGAY) 										BUSINESS ADDRESS (CITY/TOWN/DISTRICT) 										BUSINESS ADDRESS (CITY/PROVINCE) 										ZIP CODE 									
START OF SICK LEAVE (MMDDYYYY) 										NOTIFICATION FORM WAS RECEIVED BY US ON (MMDDYYYY) 										E-NOTIFICATION DATE (MMDDYYYY) 										ACCIDENT/SICKNESS OCCURRED WHILE <input type="checkbox"/> Working <input type="checkbox"/> In Co. Premises <input type="checkbox"/> On Vacation <input type="checkbox"/> On Strike <input type="checkbox"/> Co. Shutdown <input type="checkbox"/> Under Suspension																			

B. CERTIFICATION

I certify that the above information are true and correct and that the reported accident/illness is duly recorded in the Employer's Logbook for EC Claim under page number _____ and entry number _____.

_____ SIGNATURE OVER PRINTED NAME EMPLOYER/AUTHORIZED REPRESENTATIVE	_____ OFFICIAL DESIGNATION	_____ DATE
--	-------------------------------	---------------

PART III - MEDICAL CERTIFICATE (TO BE FILLED OUT BY THE ATTENDING PHYSICIAN)

BRIEF MEDICAL HISTORY AND PERTINENT FINDINGS

ATTENDING PHYSICIAN'S CERTIFICATION

I certify that I have seen and examined above-named patient on _____ and in my opinion, confinement including recuperation period may last _____ days.

(DATE)

(no. of days)

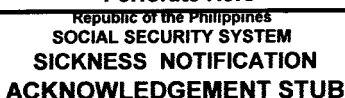
DIAGNOSIS: _____ FIT TO WORK: _____

PLACE OF CONFINEMENT		START OF CONFINEMENT (MMDDYYYY)		NAME OF HOSPITAL (if confined in a hospital)									
<input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL		<div style="display: flex; justify-content: space-around;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>											
PRINTED NAME AND SIGNATURE												LICENSE NO.	
ADDRESS OF PHYSICIAN'S CLINIC/HOSPITAL				(NO. & STREET)		(BARANGAY)		(TOWN/ DISTRICT)		(CITY/PROVINCE)		ZIP CODE	
												<div style="display: flex; justify-content: space-around;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	

PART IV - TO BE FILLED OUT BY SSS PERSONNEL

RECEIVED BY (FOR MEMBER SERVICES SECTION)			RECEIVED BY (FOR MEDICAL EVALUATION SECTION)		
<u>SIGNATURE OVER PRINTED NAME</u>	<u>DATE</u>	<u>TIME</u>	<u>SIGNATURE OVER PRINTED NAME</u>	<u>DATE</u>	<u>TIME</u>

Perforate Here



SS NUMBER/CRN (IF ANY) <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">NAME OF MEMBER</td> <td style="width: 15%; text-align: center;"><small>(LAST NAME)</small></td> <td style="width: 15%; text-align: center;"><small>(FIRSTNAME)</small></td> <td style="width: 15%; text-align: center;"><small>(MIDDLE NAME)</small></td> <td style="width: 15%; text-align: center;"><small>(SUFFIX)</small></td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black; height: 1.2em;"></td> </tr> </table>	NAME OF MEMBER	<small>(LAST NAME)</small>	<small>(FIRSTNAME)</small>	<small>(MIDDLE NAME)</small>	<small>(SUFFIX)</small>					
NAME OF MEMBER	<small>(LAST NAME)</small>	<small>(FIRSTNAME)</small>	<small>(MIDDLE NAME)</small>	<small>(SUFFIX)</small>							
RECEIVED BY											
<div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>		<div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>		<div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>							
<small>SIGNATURE OVER PRINTED NAME</small>		<small>POSITION TITLE</small>		<small>DATE & TIME</small>							
<small>SSS BRANCH</small>											

